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CHRONICLE OF THE WORLD HEALTH ORGANIZATION

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RECENT AND FORTHCOMING MEETINGS

1950

11-15 April	WHO Expert Committee on Antibiotics, first session, Geneva
11-15 April	WHO Expert Committee on Health Statistics : Subcommittee on Hospital Statistics, Geneva
17-21 April	WHO Expert Group on Prematurity, Geneva
17-22 April	WHO Expert Committee on Rabies, first session, Geneva
18-22 April	WHO Expert Committee on Health Statistics, second session, Geneva
20-29 April	WHO Expert Committee on the Unification of Pharmacopoeias, sixth session, New York
May	WHO European Health Conference to consider the establishment of a Regional Office for Europe, tentatively Geneva
8 May	Third World Health Assembly, Geneva
29-30 May	Joint Committee on Health Policy, UNICEF/WHO, Geneva
1 June	WHO Executive Board, sixth session, Geneva
August	WHO Expert Group on School Health, Geneva
28 August-2 September	Joint ILO/WHO Committee on Occupational Hygiene, first session, Geneva
September	WHO Expert Committee on Tuberculosis, fifth session
September	WHO Expert Committee on Venereal Infections : Subcommittee on Serology and Laboratory Aspects, second session, tentatively Paris
September	WHO Regional Committee for the Eastern Mediterranean, third session, Ankara
September	WHO Regional Committee for South-East Asia, third session, Colombo
September	WHO Regional Conference on Statistics, tentatively Ankara
11-16 September	WHO Expert Committee on Mental Health, second session, Paris

1949 : YEAR OF DEVELOPMENT FOR WHO

The annual report of the Director-General [1] on the work of the World Health Organization is, as stated in the introduction, " much more than a chronicle of progress by an organization ". It reflects " the growing realization of governments that many health problems require for their effective solution the united action of all the nations " and " the readiness of countries to give as well as to accept assistance in this great common task ".

The programme for 1949 concentrated on aiding governments in controlling and preventing disease, in co-ordinating and stimulating public-health work, and in strengthening public-health administrations. Technical services were expanded ; numerous joint enterprises were carried out in collaboration with other United Nations agencies ; and educational aid was given through provision of fellowships, medical literature, and teaching materials.

Progress was made in administrative matters, such as adapting activities to budget and making provisions for enlarging the Palais des Nations to accommodate the WHO Headquarters. Decentralization was advanced : the Regional Office for South-East Asia (New Delhi) began to function on 1 January ; the Regional Office for the Eastern Mediterranean (Alexandria) started operations on 1 July ; and arrangements were undertaken for integrating the Pan American Sanitary Bureau with WHO, the former serving as WHO Regional Office for the Americas during most of the year.

Twelve new Members were welcomed into the Organization, making the total 68. Announcement of the decisions of four States to withdraw from active participation was received with regret.[2]

ADVISORY SERVICES

Because of budgetary limitations, the Organization's assistance to individual governments consisted largely of technical guidance rather than of direct assistance. This guidance was supplied by technical literature, by provision of fellowships and teaching materials, and, most directly, by services of consultants, demonstration teams, and other types of specialized personnel. In assisting governments to initiate and carry out either general or specific health programmes, WHO emphasized self-help and sought to encourage the building-up of national services which can continue to operate after outside help is withdrawn.

[1] *Off. Rec. World Hlth Org.* **24**

[2] *Chron. World Hlth Org.* 1949, **3**, 56 ; 1950, **4**, 32

Communicable Diseases

The chief efforts of the disease-control programmes of WHO for 1949 were concentrated on malaria, tuberculosis, and venereal infections, chiefly because these are serious and widespread problems, which, with present-day knowledge and control techniques, may be dealt with effectively on a large scale. Many of the projects undertaken in 1949 were of a preliminary or experimental nature, and the full effects will not be realized for another year or two.

Malaria

Guidance was given to the WHO antimalaria programme by the Expert Committee on Malaria, which met in August,[3] and by the Expert Committee on Insecticides, which met in May.[4]

The WHO malaria consultant assigned to the Far Eastern Mission of the United Nations International Children's Emergency Fund (UNICEF) visited British Borneo, India, Indonesia, the Malayan Peninsula, the Philippines, and Thailand to advise on malaria problems. Consultant services were also made available to Bulgaria, Greece, Hungary, and Venezuela. Expert advice was given in arranging insect-control courses in Italy, in teaching in Venezuela, in lectures given in Mexico and the USA, and in arranging for a malaria conference to be held in Equatorial Africa in 1950.

Surveys followed by pilot demonstrations were carried out in Afghanistan and Iran, a demonstration was carried out in Thailand, with supplies furnished by UNICEF, and a most successful campaign was conducted in the refugee camps in the Gaza area of Palestine.

In Europe, WHO and UNICEF assisted in antimalaria projects in Greece, Hungary, Roumania, and Yugoslavia. A sanitary engineer was sent to Turkey to advise on techniques and programmes for malaria control, and insecticides were supplied for demonstration purposes.

Four demonstration teams have been operating in India under the technical supervision of WHO and with supplies furnished by UNICEF. Although it is still too early to evaluate the results of their work, the reports from these teams are encouraging.

One of the best examples of the work of an antimalaria demonstration team has been that of the group in Pakistan. This team consists of a WHO malariologist, public-health engineer, entomologist, and public-health nurse, together with personnel supplied by the Pakistan Government. Supplies and equipment have been provided by WHO and UNICEF.

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[3] *World Hlth Org. techn. Rep. Ser.* 1950, 8 ; see also *Chron. World Hlth Org.* 1949, 3, 256.

[4] To be published as *World Hlth Org. techn. Rep. Ser.* 1950, 4 ; see also *Chron. World Hlth Org.* 194' 3, 153.

In the epidemiological survey, 3,000 children were examined ; and, during the entomological survey, 10,000 specimens were collected. DDT spraying has afforded protection to a population of 36,000 living in an area of 65 square miles. Exceptional meteorological conditions have made it difficult to evaluate results, but an extension of the campaign is being planned.

Tuberculosis

Tuberculosis activities were greatly expanded during 1949. Many of the programmes were carried out with the assistance, or under the auspices, of UNICEF or the Joint Enterprise. The work has been largely decentralized through transfer of direction to the regional offices. Tuberculosis advisers were appointed to the Region of the Americas and to the Eastern Mediterranean Region, and plans were made for the appointment of a similar adviser to South-East Asia.

Programme guidance and technical information were supplied by the Expert Committee on Tuberculosis, which met for its fourth session in July.[5] Plans were made for a subcommittee on streptomycin to be convened in 1950, and WHO assisted UNICEF in preparing for a conference of streptomycin experts held in Paris.

Preliminary surveys were conducted during 1949 in Aden, Belgium, Cyprus, the Hashemite Kingdom of the Jordan, Iran, Iraq, Italy, the Netherlands, Saudi Arabia, Syria, and 19 countries of the Americas. Requests were considered for joint UNICEF/WHO projects on tuberculosis, with special reference to BCG vaccination, for Malaya, Mexico, the Philippines, Singapore, and Thailand.

BCG-vaccination campaigns sponsored by the Joint Enterprise were, or will be, conducted in the following countries : Austria, Ceylon, Czechoslovakia, Egypt, Finland, Greece, India, Israel, Lebanon, Pakistan, Poland, and Yugoslavia. The WHO Tuberculosis Research Office in Copenhagen is co-operating with UNICEF in evaluating the results of these campaigns, and members of its staff and WHO statisticians visited many of the countries concerned to survey the situation preparatory to beginning the project or to assist in compiling information. A central statistical services office is to be set up in Vienna.

Also in co-operation with UNICEF, WHO assisted in the work of a BCG pilot station in France and is making arrangements for a BCG laboratory in Mexico.

Advice on streptomycin therapy was given in Czechoslovakia, Greece, Hungary, Poland, and Yugoslavia, in connexion with supplies of the drug from UNICEF.

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[5] *World Hlth Org. techn. Rep. Ser.* 1950, 7 ; see also *Chron. World Hlth Org.* 1949, 3, 252.

X-ray consultant services were given to Egypt, Poland, Portugal, and Yugoslavia in connexion with equipment supplied by UNICEF. In China, a WHO tuberculosis nurse supervised the mass x-ray examination of 5,000 children, in addition to assisting in teaching tuberculosis nursing and working on a BCG-vaccination campaign.

Tuberculin-testing has been studied : a WHO research team was sent to India to obtain information ;[6] and a co-operative programme to determine the specificity of the tuberculin-test and the significance of non-specific reactions was undertaken in Iceland under the auspices of WHO and UNICEF.

A major concern in tuberculosis programmes is the training of workers —nurses and technicians as well as doctors. Demonstration projects are a means of providing training facilities, and such a project has been undertaken in El Salvador. A WHO consultant visited Ceylon and Burma to survey suitable areas for training centres to be set up jointly by UNICEF and WHO. India, where three centres are to be established, was also surveyed for this purpose. In all of these training centres, BCG work will be integrated with teaching activities. In Greece, a WHO public-health nurse initiated general training courses in nursing and assisted in organizing a tuberculosis-nurse training school, the first of its kind in that country.

Venereal diseases

In its anti-venereal-disease activities, WHO is turning towards the control of treponematoses in general, rather than of syphilis alone ; and yaws- and bejel-control programmes have been undertaken in regions where these diseases are prevalent. Particular attention is also being given to prenatal, infantile, and early syphilis, all of which respond to penicillin treatment.

A programme for bejel control was planned for the Eastern Mediterranean Region, and surveys were conducted in Egypt, the Hashemite Kingdom of the Jordan, Iraq, Lebanon, Pakistan, Syria, and Turkey. The Iraq Government has offered to build a laboratory and to provide accommodation for a team if WHO will supply the necessary equipment, and in Syria it was suggested that the anti-bejel project might be combined with the FAO/WHO malaria programme.

Campaigns against yaws have been organized, with UNICEF aid, in the Dominican Republic, Haiti, Indonesia, the Philippines, and Thailand, UNICEF having already granted $700,000 for supplies in Indonesia.

Following a preliminary survey in Egypt by a WHO consultant, a team consisting of a health educator, serologist, medical officer, and nurse was organized. Literature, equipment, and supplies were procured, peni-

[6] See *Chron. World Hlth Org.* 1949, 3, 23.

cillin being requested from UNICEF for the treatment of pregnant women and children. In India, a team established a demonstration project in the Simla (Himachal Pradesh) area. As part of this project, large-scale training programmes are under way, mass blood-testing surveys are being conducted, and conferences and demonstrations have been organized. Plans for six satellite teams for India have also been made. A survey in Afghanistan revealed a high incidence of venereal diseases ; and a national anti-venereal-disease programme, including the reorganization of the laboratory services and the assistance of a WHO/UNICEF demonstration project, has been planned for 1950.

In the anti-venereal-disease programmes in Europe, attention has been focused on penicillin-treatment schemes, and demonstrations were conducted, and/or lectures given, in Austria, Bulgaria, Denmark, Finland, France, Hungary, the Netherlands, Norway, Sweden, and Yugoslavia. Control projects were in operation, with UNICEF supplies and WHO technical assistance in Czechoslovakia, Greece, Hungary, Italy, Poland, Roumania, and Yugoslavia.

At the request of Belgium, France, the Netherlands, and Switzerland, a preparatory meeting for the establishment of a Rhine River Anti-Venereal-Disease Commission was held, at which a programme for co-ordination of venereal-disease control among Rhine River boatmen was drawn up in co-operation with the International Labour Organization (ILO).[7] Venereal-disease control among seamen was also discussed by the Joint ILO/WHO Committee on the Hygiene of Seafarers, which met in December.[8]

Advisory services in venereal-disease control were provided to Ceylon, Guatemala, Mexico, the Philippines, and the USA. Burma was assisted in a campaign which included the establishment of a modern clinic with laboratory facilities. Technical information was supplied to Czechoslovakia, Poland, and Yugoslavia concerning the modernization of the penicillin production plants supplied to them by UNRRA ; and WHO called a conference on penicillin production, which was held in Geneva in February.[9]

Meetings of the Expert Committee on Venereal Infections [10] and its Subcommittee on Serology and Laboratory Aspects [11] provided technical orientation and assistance. Of particular interest at the former was the report of the WHO Syphilis Study Commission to the USA.[12]

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[7] *Chron. World Hlth Org.* 1949, **3**, 117

[8] *Chron. World Hlth Org.* 1950, **4**, 80

[9] *Chron. World Hlth Org.* 1949, **3**, 53

[10] To be published as *World Hlth Org. techn. Rep. Ser.* 1950, **13** ; see also *Chron. World Hlth Org.* 1950, **4**, 35.

[11] To be published as *World Hlth Org. techn. Rep. Ser.* 1950, **14** ; see also *Chron. World Hlth Org.* 1950, **4**, 41.

[12] *World Hlth Org. techn. Rep. Ser.* 1950, **15** ; see also *Chron. World Hlth Org.* 1950, **4**, 67.

Other communicable diseases

Other communicable diseases which received particular attention during 1949 include bilharziasis, cholera, plague, typhus, and yellow fever. Bilharziasis, cholera, and plague were studied respectively by the Joint OIHP/WHO Study-Group on African Schistosomiasis,[13] the Joint OIHP/-WHO Study-Group on Cholera,[14] which visited endemic areas in India and Pakistan, and the Expert Committee on Plague,[15] which is the successor to a former joint OIHP/WHO study-group. Rickettsial infections in Africa were considered by the Joint OIHP/WHO Study-Group on African Rickettsioses which met in Paris in September. Members of the Yellow-Fever Panel met in December [16] to examine the present position regarding yellow-fever endemicity and to advise the Expert Committee on International Epidemiology and Quarantine in its drafting of new sanitary regulations.

Emergency aid was given to Afghanistan in an outbreak of louse-borne typhus, and to India in a poliomyelitis epidemic through the supply of iron lungs and technical information. A consultant, nurse, and physiotherapist will be sent to assist in the organization of poliomyelitis research and of rehabilitation services.

Physical, Mental, and Social Well-Being

Maternal and child health

The Expert Committee on Maternal and Child Health met in January [17] to advise the Organization on its programme relating to these services. Full-time regional advisers were attached to the Special Office for Europe and to the South-East Asia Regional Office, and plans were made to attach others to the Eastern Mediterranean Region and to the Region of the Americas.

Consultant services were given to Afghanistan, British Borneo, Ceylon, Egypt, Lebanon, Malaya, Pakistan, the Philippines, and Thailand. In several of these countries, preliminary surveys were made in preparation for joint UNICEF/WHO projects. An expert on child health was sent to Ecuador to help organize the relief programme following an earthquake, and a consultant was provided to advise on a large-scale antipertussis immunization campaign in the United Kingdom.

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[13] To be published as *World Hlth Org. techn. Rep. Ser.* 1950, **17** ; see also *Chron. World Hlth Org.* 1950, **4**, 26.

[14] To be published as *World Hlth Org. techn. Rep. Ser.* 1950, **18** ; see also *Chron. World Hlth Org.* 1950, **4**, 20.

[15] To be published as *World Hlth Org. techn. Rep. Ser.* 1950, **11** ; see also *Chron. World Hlth Org.* 1949, **3**, 269.

[16] To be published as *World Hlth Org. techn. Rep. Ser.* 1950, **19** ; see also *Chron. World Hlth Org.* 1950, **4**, 52.

[17] *Off. Rec. World Hlth Org.* **19**, 35 ; see also *Chron. World Hlth Org.* 1949, **3**, 43.

Nurses attached to malaria demonstration teams have initiated maternal and child health programmes in India and Pakistan. Other nurses have been recruited to organize projects in Brunei and Sarawak.

In the Palestine refugee camps, a diphtheria immunization project was undertaken in which 14,000 out of 70,000 children between the ages of six months and 14 years were given double injections of alum-precipitated toxoid. A maternal and child health programme was carried out under the supervision of a Quaker nurse-midwife, assisted by four Palestinian assistants and about a hundred local midwives.

A demonstration team, consisting of a paediatrician and a paediatric nurse, was assigned to India ; and another team was sent to South Korea to advise on organization of services, to start a training institute of child health in Seoul (with UNICEF aid), and to carry out model teaching in social and clinical paediatrics and obstetrics.

Technical assistance was given to Finland in connexion with WHO/-UNICEF projects. In France, special studies on poliomyelitis and on the care of premature babies were made, and equipment to improve these services was obtained through UNICEF. WHO assisted UNICEF in the creation of a Children's Centre in Paris.

Mental health

Mental health is a comparatively new field for international co-operation. The Expert Committee on Mental Health, which met in August,[18] advised the Organization on the implementation of its mental health programme.

The Republic of the Philippines was the first government to request aid in mental health, and a consultant was sent in November to assist in organizing a programme and, specifically, to do preparatory work in connexion with a proposed WHO/UNICEF project on child-guidance clinics.

An expert was sent to Austria to assist in the development of a mental-health programme. Israel requested the services of a consultant, and Venezuela asked for an expert on psychiatric nursing and social work.

WHO co-operated in relevant activities of other United Nations groups, specifically in the UN Social Commission study on crime and treatment of offenders, the UN Study of Homeless Children, and various UNESCO projects.

Nutrition

The activities of WHO concerning nutrition consisted largely of operations in co-operation with the Food and Agriculture Organization (FAO). The Joint FAO/WHO Expert Committee on Nutrition, at its meeting in

[18] *World Hlth Org. techn. Rep. Ser.* 1950, 9 ; see also *Chron. World Hlth Org.* 1950, 4, 3.

October,[19] endorsed the WHO programme and recommended specific action on endemic goitre and malignant malnutrition (kwashiorkor).

Field activities in nutrition were just beginning by the end of 1949. Joint projects with UNICEF are being planned for Costa Rica, El Salvador, Honduras, and Nicaragua. In India, Pakistan, and Syria, FAO has been co-operating in projects in connexion with malaria-control programmes.

In the Palestine refugee camps, a survey of nutritional needs was made and improvements were effected. WHO was represented at meetings on nutrition problems in Italy, and expert assistance was given to Guatemala and to the USA, where a consultant on Vitamin B_{12} and the anaemias conducted seminars on these subjects.

Organization of Public-Health Services

One of the chief objects of WHO is to assist governments in developing efficient health services. Activities which aim to accomplish this object are described under the headings of public-health administration, environmental sanitation, health education of the public, and nursing.

Public-health administration

A staff member from the Regional Office for the Eastern Mediterranean visited Israel, Lebanon, Pakistan, and Syria to discuss existing services and ways of establishing satisfactory public-health administrations. A consultant was supplied to Turkey to aid in the development of national health institutions. Ceylon has requested the assistance of a laboratory specialist in the development of a medical research institute. In Italy, WHO co-operated with the Italian Government and the Rockefeller Foundation in a project which investigated public-health services and mapped out a programme for improvement.[20]

Environmental sanitation

A short-term consultant made preparations for the first session of the Expert Committee on Environmental Sanitation, which met in September [21] to advise the Organization on environmental sanitation problems and projects. Consultant services were provided for the Italian Government health survey, mentioned above, and to the USA for advice on the collection and disposal of garbage and refuse. Sanitary engineers were

[19] To be published as *World Hlth Org. techn. Rep. Ser.* 1950, **16** ; see also *Chron. World Hlth Org.* 1950, **4**, 16.

[20] *Chron. World Hlth Org.* 1950, **4**, 122

[21] *World Hlth Org. techn. Rep. Ser.* 1950, **10** ; see also *Chron. World Hlth Org.* 1950, **4**, 12.

sent to Egypt and to the Republic of the Philippines ; in the former country, a special study of the areas in which bilharziasis is prevalent was started in order to ensure proper safeguards against the disease in places where irrigation projects are being undertaken.

Insect-control programmes were planned, in co-operation with UNICEF, in British Honduras, Costa Rica, El Salvador, Guatemala, Honduras, and Nicaragua.

Assistance was given to Iran in recruiting trained sanitary engineers for a proposed national sanitation programme; and, in Ethiopia, aid in training personnel was instrumental in achieving notable improvement in sanitation conditions.

Health education of the public

Activities with regard to health education of the public were of a more or less preliminary nature. WHO experts visited France, India, and the United Kingdom. Health educators were assigned to several demonstration projects, such as those in Egypt and Haiti.

Nursing

The Nursing Section of the Secretariat was organized during the year, and an Expert Committee on Nursing was established.[22] Nursing instructors assigned to institutions in Ethiopia, Greece, and India assisted in training programmes. WHO public-health nurses were attached to demonstration projects, where they engaged in training as well as in clinical activities.

Professional and Technical Education

One of the most serious problems facing an organization concerned with promoting world health is the lack of adequately trained personnel. WHO has attempted to deal with this problem by providing guidance and stimulus to educational programmes, by aiding in the collection and dissemination of information, and by direct assistance in the form of personnel services (consultants, teachers, etc.), fellowships, and provision of medical literature, supplies, and teaching equipment.

WHO activities relative to professional and technical education in 1949 included assistance in directing hospital services and training surgeons and auxiliary personnel in China ; training medical auxiliaries in Ethiopia ; establishing a state medical library and medical documentation centre in Prague, and anaesthesiology training-centres in Prague and Copenhagen ; and planning public-health courses in Lebanon and the Netherlands, an advanced biochemistry training-centre for Eastern Europe at

[22] *Chron. World Hlth Org.* 1950, **4**, 113

Wrocław, Poland, and the development of the Institut d'Hygiène of the University of Geneva into an international training-centre.

Fellowships

The WHO fellowship programme was greatly expanded during 1949. In all, 207 fellowships were granted to individuals and to groups from 35 countries, 104 awards being made to 15 countries in Europe, 16 to 3 countries in the Western Pacific, 36 to 4 countries in South-East Asia, 35 to 8 countries in the Eastern Mediterranean, and 16 to 5 countries of the Americas. The subject for which the largest number of fellowships was awarded in all regions was communicable diseases, the total being 91 ; other subjects for which a considerable number of awards was made included public-health administration, maternal and child health, and surgery.

In addition to awarding these fellowships, WHO administered 27 additional ones financed by UNICEF.

TECHNICAL SERVICES

The technical services of WHO comprise those activities carried out at Headquarters which are concerned with providing governments with technical information on international aspects of diseases and public health. They include work on epidemiology, health statistics, and therapeutic substances; the co-ordination of research; and editorial and reference services.

Epidemiology

In administering the international sanitary conventions, WHO successfully settled a number of international quarantine matters " out of court ". Revision of these conventions and their compilation into a text of international sanitary regulations is proceeding under the guidance of the Expert Committee on International Epidemiology and Quarantine.[23]

The epidemiological information service was expanded by the establishment, on a permanent basis, of the epidemiological radiotelegraphic bulletin which is broadcast daily from Geneva.[24] Epidemiological intelligence stations in Singapore, Alexandria, and Washington have assisted in collecting and disseminating information for these broadcasts and for publications. Relevant publications include the *Epidemiological and Vital Statistics Report*, twelve numbers of which were prepared during 1949, and the *Weekly Epidemiological Record.*

[23] To be published as *World Hlth Org. techn. Rep. Ser.* 1950, **20** ;see also *Chron. World Hlth Org.* 1950, **4**, 46.

[24] *Chron. World Hlth Org.* 1949, **3**, 35, 243

During the year, special epidemiological studies were made of yellow fever, plague, cholera, smallpox, African rickettsioses, bilharziasis, trachoma, poliomyelitis, influenza, rabies, and brucellosis.

Health Statistics

The Expert Committee on Health Statistics [25] met to discuss methods of improving medical statistical services so as to facilitate comparability of data on an international scale. Acting on the recommendations of this committee, the Second World Health Assembly approved an expansion of the WHO programme on health statistics, and the necessary preparations to effect this expansion have been undertaken.

Volumes 1 and 2 of the *Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death* were published in English during the year.

Therapeutic Substances

Technical services relative to therapeutic substances include (1) biological standardization, (2) unification of pharmacopoeias, and (3) study and establishment of regulations concerning drugs liable to produce addiction. Decisions and recommendations of the Expert Committee on Biological Standardization,[26] the Expert Committee on the Unification of Pharmacopoeias,[27] and the Expert Committee on Drugs Liable to Produce Addiction (formerly the Expert Committee on Habit-forming Drugs) [28] have been reported in previous issues of the *Chronicle*, and their reports have been, or will be, published in the *World Health Organization : Technical Report Series.*

Co-ordination of Research

Important developments in activities concerned with the co-ordination of research were realized in 1949.

The World Influenza Centre, established at the National Institute for Medical Research, London, in 1948, had the opportunity of studying virus strains sent to the Centre following the influenza epidemic of 1948/49.[29] Although the Centre was able to obtain valuable information from collaborating laboratories, there is great need for information and newly

[25] *World Hlth Org. techn. Rep. Ser.* 1950, **5** ; see also *Chron. World Hlth Org.* 1949, **3**, 246.
[26] *World Hlth Org. techn. Rep. Ser.* 1950, **2** ; see also *Chron. World Hlth Org.* 1949, **3**, 141.
[27] *World Hlth Org. techn. Rep. Ser.* 1950, **1** ; see also *Chron. World Hlth Org.* 1949, **3**, 120.
[28] *World Hlth Org. techn. Rep. Ser.* 1950, **21** ; see also *Chron. World Hlth Org.* 1949, **3**, 27.
[29] *Chron. World Hlth Org.* 1949, **3**, 11, 127

isolated strains to be sent more promptly. An unofficial conference on influenza, organized by the Centre, was held in London in July ; specialists discussed international collaboration, giving special attention to the possibility of obtaining greater uniformity in the diagnostic techniques used in different laboratories. During the year, workers from various countries in Europe and from Egypt, India, and the USA visited the laboratory at the Centre to study techniques.

A Tuberculosis Research Office was established in Copenhagen in February 1949. This office is particularly concerned with the mass BCG-vaccination campaigns being carried out by the Joint Enterprise. Members of the Research Office staff are attempting to elaborate a uniform system for analysing and presenting the data gathered from these campaigns.

By the end of 1949, the World Salmonella Centre, established at the State Serum Institute in Copenhagen and maintained by WHO, was collaborating with 31 regional salmonella centres. It had supplied laboratories with 2,059 test strains and 667 ampoules of test sera, amounting to about five litres of serum, and had received for diagnosis 151 cultures, among which there were several new types, which were analysed and descriptions of which were published.

Editorial and Reference Services

Publications

Because of budgetary limitations, the output of publications was less than had been planned. The total number of pages published was 6,802, of which 258 were in Spanish, 296 in Russian, and the rest in English and French.

During 1949, a great proportion of the WHO publications were distributed free of charge ; but, despite this free distribution and the lack of publicity for the publications, sales of the *Bulletin*, *Chronicle*, and *Digest* showed a satisfactory increase.

By the end of the year, the total number of medical and health periodicals with which WHO publications were exchanged amounted to 781.

Library and reference services

A progressive increase in the work of the Library reflected the development of the technical activities of the Organization.

A considerable part of the Library's resources was devoted to the preparation of orders for medical literature on behalf of requesting governments, which often required prolonged search in bibliographical reference works.

FIG. 1-4. WHO IN THE FIELD

Fig. 1. Malaria control in East Pakistan. Searching for mosquito larvae.

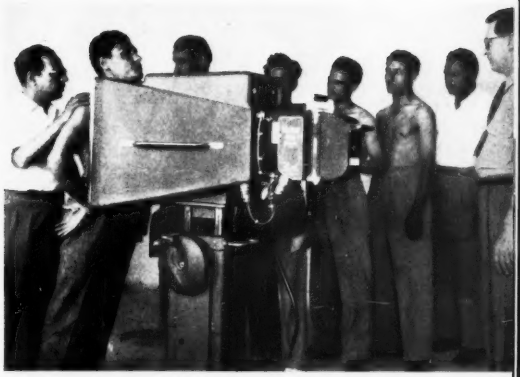

Fig. 2. Tuberculosis survey in Egypt. WHO x-ray consultant super vising mass radiography examinations.

Fig. 3. Malaria control in Yugoslavia. Yugoslav schoolchildren being examined for spleen enlargement.

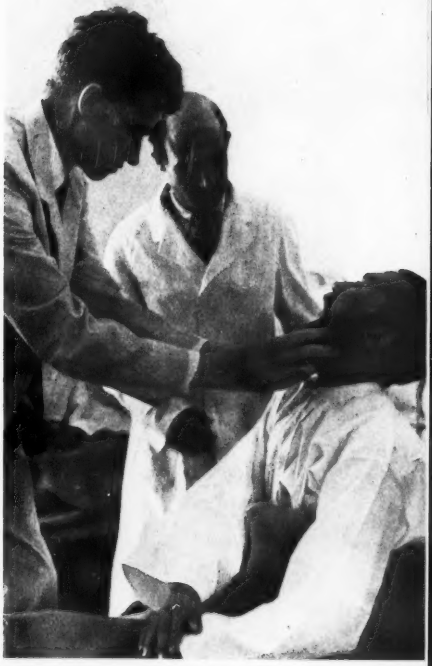

Fig. 4. Venereal-disease survey in Afghanistan. Dr J. C. Cutler examining a syphilitic patient in a hospital in Kabul.

Fig. 5. Maternal and child health in India. WHO paediatric nurse in an Indian village.

Fig. 6. Malaria in the Terai region of India. Dr G. D. Belios examining the enlarged spleen of a malaria patient.

Fig. 7. Malaria control in the Jordan Valley. DDT spraying with pressure sprayers.

Fig. 8. Venereal disease in Simla, India. A case of tertiary syphilis.

Fig. 9. Malaria in the Jordan Valley. A young child in Ghor-el-maleh with an enlarged spleen.

Fig. 10. Nutritional survey among Palestine refugees. Dr F. Clements examining a child in St. Joseph Camp, Beirut.

FIG. 11-14. WHO IN THE FIELD

Fig. 11. Tuberculosis control in Pakistan. Tuberculin-testing a child in Karachi.

Fig. 12. Tuberculosis control in Yugoslavia. Performance of a Moro test in the village of Gnilan.

Fig. 13. Mental health consultant in the Philippines. Dr E. E. Krapf lecturing to the Philippine Public Health Association.

Fig. 14. Medical services for Palestine refugees. WHO medical officer supervising the building of latrines.

Co-ordination of medical abstracting

During 1949, WHO actively supported UNESCO activities in the co-ordination of medical and biological abstracting and indexing services, both by participation in meetings and by a financial grant.

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In evaluating the accomplishments of 1949, the Director-General's report warns that the work accomplished will not be seen in true perspective until the many tasks still ahead have been completed.

"These tasks will have as their objective health, as defined in the Organization's Constitution—'a state of complete physical, mental and social well-being'—and few of us, probably, yet realize the full significance of all the three elements of this definition. Health as a state of mental and social well-being must be sought by most people today in a general environment which has little resemblance to that in which their forefathers lived. The attainment of health in these two senses must be measured in terms of the adaptability of the individual—and of groups and nations—to change in a world of ever more powerful aeroplanes, of radio, films and television, and of weapons of war of a terrible efficacity. Progress in international understanding, in good will and co-operation, is today not only something good and desirable in itself ; it has become a prerequisite to survival."

THIRD WORLD HEALTH ASSEMBLY

Programme of Work

The Third World Health Assembly meets in Geneva on 8 May 1950. In the Assembly, which is the supreme authority of the World Health Organization, all the Member States are represented with equal rights. The Assembly meets each year in order to draw up the programme and the budget of WHO and to decide all questions concerned with the policy of the Organization. It appears appropriate to summarize the more important problems which will call for its attention this year.

Constitutional and Legal Questions

As in former sessions, the Assembly must examine, apart from the technical questions which form the principal concern of WHO, a certain number of problems of a legal and administrative nature. WHO, which is only in its third year of existence, has been able to profit by the experience of the international health institutions which preceded it ; however, its

activities extend to fields in which international co-operation has not been exercised until now ; and, moreover, its Constitution gives it executive powers which the former health organizations did not possess.

In the forefront of the constitutional problems comes that of representation on the Executive Board, a body consisting of 18 persons designated by as many members elected by the Assembly. The authors of the Constitution felt that the method of representation adopted would enable the decisions of the Assembly to be carried out by persons technically qualified in the field of health (Article 24) rather than by delegates following the instructions of their government. There have, however, been differences of interpretation as to the functions of the Board, and for this reason one Member State has proposed an amendment of Article 24 of the Constitution. According to the terms of this amendment, which appears on the agenda of the Assembly, the Board would consist of 18 Member States who would appoint persons to serve as " representatives " on it.

Another important problem which the Assembly will have to settle is that of the frequency of its regular sessions. Certain Members would prefer the Assembly to meet only every other year, pointing to the resulting economy in time and money and to the advantages arising from a long-term planning of the programme of work and of the budget. On the other hand, a delegation by the Health Assembly of its powers for a longer period might be considered by some Members as unduly limiting their opportunities of contributing to the work of the Organization.

Problems connected with the membership of certain States, the admission of new Members or Associate Members,[1] the election of members of the Executive Board, and the notice of termination of the Rome Agreement of 1907, which established the Office International d'Hygiène Publique,[2] are all of the same type. A solution will also have to be sought for the problems resulting from the decision of certain States to consider themselves no longer Members of WHO, especially as concerns the proper distribution of financial responsibilities among the Members[3] and the calculation of the two-thirds majority required for certain ratifications.

Technical Questions

The Assembly will devote most of its time to medical and technical problems. In particular, it will have to decide which diseases lend themselves to action on an international scale and what methods of combating them are most effective and economical.

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[1] See page 156.

[2] *Chron. World Hlth Org.* 1947, 1, 11

[3] *Chron. World Hlth Org.* 1950, 4, 110

The programme approved by the First and Second Health Assemblies was based on a list of priorities, in the forefront of which figured the control of tuberculosis, malaria, and venereal diseases ; environmental sanitation ; and maternal and child health. The assigning of priorities, a task which will also devolve upon the Third Health Assembly, is always a delicate procedure, requiring the balancing of the practically unlimited health needs of the world against the relatively modest resources available. A danger is that more activities may be included in the programme than can be carried out effectively with a restricted budget. In fact, for financial reasons it will not be possible to carry out in 1950 all of the activities approved by the Second Health Assembly.

The Third Health Assembly may find some difficulty in reconciling the desirability of the Organization's taking action in various fields with the necessity for utilizing the available budgetary resources to the best advantage. However, unlike the preceding Assemblies, it can profit from experience acquired during a whole year of activity. To assist it in its task, it will have at its disposal two valuable working tools : the *Annual Report of the Director-General for 1949*,[4] which records what has been accomplished, and the document submitted by the Director-General under the title of *Proposed Programme and Budget Estimates for the Financial Year 1 January-31 December 1951*,[5] which tells what remains to be done. It will also be able to draw inspiration from the reports of the Executive Board on its fourth [6] and fifth [7] sessions.

The Assembly will also have to take decisions of a technical nature and recommend the use of certain preventive or therapeutic methods for combating disease. This task will be relatively easy in the case of methods which have proved themselves, such as the use of penicillin for the treatment of venereal diseases or of DDT for the control of malaria. In other subjects, however, there may be controversy regarding the effectiveness of various methods. Thus, in the case of rabies, the Assembly will have to decide whether or not it is advisable to sponsor trials of a new serum which is intended to replace or reinforce anti-rabies vaccine.

However, before examining in detail the technical questions included on the agenda, the Assembly must decide whether it is desirable for it to adopt two programmes concurrently, the one for a year, and the other for a long period. There is no doubt that the drawing-up of a long-term programme would give WHO more confidence and would greatly contribute to awakening the interest of the governments and institutions destined to benefit from its services, as well as strengthening their faith in the effectiveness of its methods. These advantages, and that of continuity of action,

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[4] See page 129.

[5] Published in *Off. Rec. World Hlth Org.* 23

[6] *Off. Rec. World Hlth Org.* 22 ; see also *Chron. World Hlth Org.* 1949, 3, 237.

[7] *Off. Rec. World Hlth Org.* 25 ; see also *Chron. World Hlth Org.* 1950, 4, 99.

were realized by the Second Health Assembly and led it to request the Board to draw up a long-term programme. The Board has completed this task and will submit concrete proposals to the Third World Health Assembly.[8]

It may be anticipated that the elasticity of the general programme proposed, by giving the Assembly the power to defer the implementation of certain parts of the annual programme from one year to the next, will also make it easier to keep the latter programme within the limits of the budget.

Financial Questions

The programme and the budget represent, as it were, two aspects of the same problem. It is for the Assembly to decide whether the proposed budget of $7,300,000 will enable WHO to carry out in 1951 the annual programme which it will have adopted and to apportion the amount among the various activities planned.[9]

Along with the budget, the Assembly will have to examine the *Financial Report, 1 January-31 December 1949* [10] and, in adopting it, to approve the financial management for the past year. Other questions of a financial nature on the agenda concern the appointment of the external auditor for 1951, the status of contributions for each of the years 1948, 1949, and 1950, the establishment of the scale of assessments for 1950 and 1951, the working capital fund, and the possible setting-up of a world health defence fund.

Liaison and Co-ordination

The activities of WHO extend to such varied fields that their success depends in large measure on the reception given to these efforts by other international organizations as well as on the help which the latter are disposed to give. In return, WHO must reciprocate when other groups wish to undertake tasks which, because of their nature or extent, are beyond their province and powers, but which can be successfully carried through by calling international co-operation into play.

Liaison and co-ordination raise structural and functional problems. Among the structural problems are such questions as the desirability of establishing national commissions of WHO, the division of responsibilities for joint activities with the Food and Agriculture Organization and other United Nations bodies, and the principles governing the admission of non-governmental organizations to official relations with WHO. Co-ordination and liaison are dynamic rather than static in nature, however. The

[8] *Chron. World Hlth Org.* 1950, **4**, 99
[9] *Chron. World Hlth Org.* 1950, **4**, 111
[10] *Off. Rec. World Hlth Org.* **27**

Assembly will have to review all the concrete problems raised in the different fields by the co-operation of WHO with each of the international organizations. The participation by WHO in the programme for technical assistance for economic development of underdeveloped countries, which will involve reciprocal relationships with many different agencies, will create an imperative need for an effective machinery of co-ordination.

Finally, co-ordination includes a negative aspect : the international organizations must endeavour to avoid multiplication and overlapping of programmes. This question also appears on the agenda of the Third Health Assembly.

RELATIONSHIP OF HUMAN AND SWINE INFLUENZA

Swine influenza was apparently unknown before the great pandemic of human influenza in 1918, and it is believed that the human virus became adapted and fixed in swine at that time. In a series of studies in the 1930s by Dr R. E. Shope, at that time with the Rockefeller Foundation, it was shown that the swine lungworm is the carrier of the swine-influenza virus and transmits the virus through ova, which happen to be laid in the lungs of pigs during or immediately after an attack of swine influenza. These infected ova are swallowed by earthworms, which in turn are eaten by pigs. The ova are liberated in the pigs' intestine and migrate to the lungs where they develop into adult lungworms. During all this time, which can last from one month to three years, the virus is present in a masked form and reveals itself only when a susceptible pig harbouring these infected lungworms is subjected to what would ordinarily be a fairly innocuous stimulus, e.g., a sudden change in weather. Symptomatic swine influenza occurs when, along with the latent virus infection, a secondary bacterial micro-organism, the widespread but usually harmless *Haemophilus influenzae suis*, is present, and sudden climatic changes intervene, such as occur in the autumn. The virus and bacterial organism being widely seeded in pigs in a locality causes the striking picture of whole herds of swine in different farms being almost simultaneously affected with symptomatic swine influenza after a sudden cold or rainy spell.

The epizootiology of swine influenza is much better understood than is the epidemiology of human influenza. For example, it is not at all clear where the inter-epidemic reservoirs of the human-influenza virus exist. There are at present no grounds for drawing an analogy between the helminthic reservoir as found in swine influenza and a similar parasite affecting man. The similarities of certain strains of swine-influenza virus

with those of human-influenza virus are so great, however, that comparative studies of these two viruses are strongly indicated for the purpose of shedding light on the influenza problem as a whole. It is known, for example, that swine are susceptible to human-influenza strains of virus, and it is possible that they may play some role in the epidemiology of human influenza.

In order to stimulate the clarification of this entire problem, the XIVth International Veterinary Congress, which met in London in August 1949, passed a resolution requesting the World Health Organization to undertake a comparative study of human- and swine-influenza virus at its World Influenza Centre in London. Dr C. H. Andrewes, in charge of the World Influenza Centre, agreed whole-heartedly to the request, and arrangements have been made to submit strains of swine-influenza virus isolated in various parts of the world to Dr Andrewes. Since there are several influenza-like infections in pigs, screening of the various agents involved in these diseases will be done at the US Public Health Service's Veterinary Virus Laboratory in Montgomery, Alabama, and in Professor W. I. B. Beveridge's laboratory at Cambridge University. After screening to ensure that swine-influenza virus is actually involved, the strains will be submitted to the World Influenza Centre for further study. The screening procedure will also give an opportunity to define more clearly the etiology of different influenza-like diseases in swine, the most important of which is "Ferkelgrippe", a cause of great losses in pigs on the European continent.

The veterinarians working closely with Dr Andrewes on this problem are Professor W. I. B. Beveridge, Cambridge University, Professor T. Dalling, Chief Veterinary Officer, United Kingdom, Dr H. W. Schoening, Chief of the Pathological Division, US Bureau of Animal Industry, Dr J. H. Steele, Chief of the Veterinary Public Health Division, US Public Health Service, and M. M. Kaplan, Veterinary Officer, WHO. Professors Beveridge and Dalling, and Dr Schoening were designated to carry out this work by the Permanent Committee of the XIVth International Veterinary Congress.

INTERNATIONAL CONFERENCE ON THE SERODIAGNOSIS OF SYPHILIS

International serodiagnostic conferences were held by the League of Nations (1923 and 1928 in Copenhagen, 1930 in Montevideo) and by the U.S. Public Health Service (1941 in Washington). In 1939 a similar conference planned in Copenhagen was cancelled because of the outbreak of war.

These conferences contributed significantly to the technical development and standardization of serological methods and antigens in the diagnosis of syphilis. It has been recognized that conferences of this kind are the only means of comparing efficiency in test methods, of which as many as twenty different ones were compared at the past conferences. At the same time, such conferences offer a rare opportunity for exchange of technical information among test-authors.

The Interim Commission of the World Health Organization (1947) and its Expert Committee on Venereal Diseases pointed out the necessity of holding serodiagnostic standardization conferences. The First (1948) and Second (1949) World Health Assemblies emphasized the need for further standardization of serodiagnostic laboratory procedures in an effort towards greater uniformity in serological test performance. The Subcommittee on Serology and Laboratory Aspects (of the WHO Expert Committee on Venereal Infections) considered at its first session [1] an outline for a conference to be held in 1951 or 1952. This outline was approved at the fifth session of the WHO Executive Board.[2] The planning of the conference has proceeded, and Dr P. Krag, formerly Assistant Director of the State Serum Institute in Copenhagen, has accepted assignment with WHO to direct the conference, the site of which will be announced later.

In extending to authors of test methods an invitation to participate in the conference, the Director-General of WHO lists the following reasons for calling such a conference :

1. The continued use in all parts of the world of a great variety of serodiagnostic test methods, which often give divergent results ;

2. The appearance of new tests which were not evaluated at previous international laboratory conferences ;

3. The development of purified cardiolipin-lecithin antigens (Pangborn);

4. The discovery of the treponema immobilization reaction (Nelson) ;

5. The general need for determining the most practical serodiagnostic methods for mass serological examinations.

A suitable number of participants will be selected by WHO on the basis of advice given by the Subcommittee on Serology and Laboratory Aspects—scientific, geographical, and other factors being taken into account. Only an author-serologist, or a serologist designated by him, will be allowed to perform the author's procedure during the conference ; each author-serologist can enter several procedures, but only one may be accepted.

[1] Report to be published as *World Hlth Org. techn. Rep. Ser.* 1950, **14** ; see also *Chron. World Hlth Org.* 1950, **4**, 41.

[2] *Off. Rec. World Hlth Org.* **25**

Preliminary applications should be received by WHO not later than 15 July 1950. These applications should include the name, position, and laboratory address of the applicant, together with other relevant personal and professional information ; lists of scientific publications of the author ; a detailed statement of the advantages offered by the special test ; and, in so far as possible, the names of laboratories at present using the particular technique.

Notes and News

Major-General Sir Sahib Singh Sokhey

Major-General Sir Sahib Singh Sokhey, formerly Director, Haffkine Institute, Bombay, has been appointed Assistant Director-General of WHO. Dr Sokhey, who graduated in science (physics and chemistry) from the Punjab University in 1907, studied medicine at Edinburgh University, where he graduated in 1911 and, in 1912, also obtained the degree of Master of Arts. He then studied tropical medicine and hygiene in London and later took postgraduate courses in London and Toronto and at Trinity College, Cambridge, Johns Hopkins Hospital, Baltimore, and Harvard University. From 1923 to 1925, he held a Rockefeller Foundation Fellowship.

FIG. 15. SIR SAHIB SINGH SOKHEY

In 1913, Dr Sokhey joined the Indian Medical Service, having obtained first place in a competitive examination in London. During the first World War, he served with the Army in France, Egypt, and Mesopotamia. In 1925, he was appointed Assistant Director of the Haffkine Institute, where he was in charge of the Department of Biochemistry ; he became Director of the Institute in 1932.

Under his directorship, the Institute—which is the leading medical research institute of India—underwent great expansion ; the number of scientific workers rose from 10 to 50, and the annual budget was increased from Rs. 200,000 to 3,000,000. Six new departments —Department of Clinical Pathology, Department of Antitoxins and Sera, Department of Chemotherapy, Department of Nutrition, Department of Ento-

mology, and Department of Pharmacology—each under the charge of an Assistant Director, were added to the three original departments — Department of Vaccines, Department of Rabies, and Department of Biochemistry. The Institute is now considered one of the best equipped and the most active laboratory of India for medical research and the production of the urgently needed biological products and drugs.

Dr Sokhey has made many important contributions to the work of the Institute. His early research was devoted mainly to studies on metabolism, on the neutralization of mineral acids by the body, on the effect of insulin on calcium metabolism, on fat metabolism in sprue, on metabolic rate in normal Indian men and women, and on haematology. After becoming Director, his work included the development of quantitative experimental methods for studying plague infection, plague immunity, and the value of therapeutic agents in plague infection, the development of a biological method for the assay of plague vaccine, the preparation of a new plague vaccine and a new anti-plague serum, numerous studies on the therapeutic value of sulfonamides and antibiotics in the treatment of experimental plague, and extensive clinical trials of these substances in the field. In addition, he has worked out a method for the biological assay of cholera vaccine, and has prepared a new cholera vaccine and developed large-scale methods of producing plague and cholera vaccines. Under his direction, large-scale methods of preparing antimalarial and sulfa drugs have also been developed at the Institute.

WHO Antimalaria Activities in Pakistan

In a report received at WHO Headquarters, Dr G. Gramiccia, leader of a WHO malaria demonstration team, gives data obtained from a post-spraying survey completed recently in Pakistan. This survey revealed that spleen-rates in the treated villages dropped to less than one-third of those prevailing in June 1949, the figures before and after spraying being 74.5 % and 21.2 %, respectively. In the unsprayed villages, on the other hand, the rates increased from 74.5 % in June 1949 to 81.1 % in January 1950. The parasite-rates showed similar, though less spectacular, differences : 5.78 % in sprayed areas, and 18.2 % in unsprayed areas.

Entomological observations have shown that DDT contined to be effective six to seven months after spraying. A remarkable discovery is that these results were obtained in the sprayed areas despite replastering and renovation of most of the houses. The DDT deposit on the untouched articles and walls was sufficient to protect the whole house against mosquitos. From these observations it is inferred that the customary repairs to houses and cowsheds at the end of the rainy season are unlikely to obstruct the success of antimalaria operations.

Since a proportion of the enlarged spleens in the sprayed areas are probably due to prevalance of kala-azar, arrangements have been completed for a simultaneous investigation of this disease. The Government of East Bengal has assigned two doctors and two health assistants to the WHO team, and the former are now receiving the necessary instructions in kala-azar capillary-tube tests.

Another activity of the WHO team in the forthcoming malaria season will be to determine the effect of DDT spraying on agricultural production, in terms of possible increase in labour capacity resulting from improvement in health of a malaria-free population. An agricultural officer has been attached to the team by the East Bengal Government to obtain reliable statistical data on this question.

BCG Vaccination in Pakistan

Since the beginning of the BCG vaccination campaign organized by the United Nations International Children's Emergency Fund, with the technical assistance of

WHO, 65,014 persons have been tuberculin-tested. More than 25,000 were found to be reactors and, of the non-reactors, more than 19,000 have received BCG vaccination.

Formation of Antituberculosis Centre at Istanbul

Dr E. Berthet, tuberculosis officer of the Department of the Isère (France) and a WHO expert consultant, has been studying the setting-up of an antituberculosis programme, in co-operation with the Turkish health authorities.[1] A sum of £(Turkish) 200,000 has been allocated by the Turkish Ministry of Health to finance the construction of an antituberculosis demonstration and training centre in Istanbul. The Antituberculosis League of this city will contribute an equivalent sum towards the realization of this project. WHO will provide equipment for the centre, which will be run by a team of specialists from the Organization.

In addition, the Turkish Ministry of Health and Dr Berthet have planned a tuberculosis instruction programme, which will be carried out by specialists from WHO and from the Universities of Istanbul and Ankara. These combined measures should enable tuberculosis, which at present causes nearly 200 deaths per 100,000 inhabitants in Turkey, to be effectively controlled.

Tuberculosis Control in South-East Asia

Training and teaching centres for antituberculosis work will be set up in Burma, Ceylon, India, and Thailand under the auspices of WHO and the United Nations International Children's Emergency Fund.

Dr E. McWeeney left Geneva on 16 March 1950 to take up the duties of Regional Tuberculosis Consultant for South-East Asia. Dr McWeeney, formerly Senior Medical Inspector in the Department of Health of Ireland, where he directed the tuberculosis services, is the author of various papers on the technical and administrative aspects of tuberculosis control.

The construction of centres at Delhi and Patna, in India, has been financed by the Indian Government ; a third centre will be set up at Trivandrum, in the south-west of India, with the assistance of Dr W. H. Tytler, WHO consultant on laboratory techniques relating to tuberculosis.[2]

Modern methods for the prevention, diagnosis, and treatment of tuberculosis will be taught in these different centres to the medical profession and to other technical personnel.

Medical Training Centres in Europe

Centres in anaesthesiology will be established in Copenhagen and Prague under the auspices of WHO. Modern techniques of anaesthesiology will be taught to doctors from the Scandinavian and Central European countries, respectively.

Other teaching centres will be set up in Poland. One of them will be situated at Wrocław and will give training in biochemistry ; the other, established at Warsaw, will deal with venereal-disease control.

Use of Diacetylmorphine in Medicine

In a circular letter sent to governments, the medical profession and the authorities in all countries have been invited to make known their views regarding the necessity of using diacetylmorphine (heroin) in medicine and on the possibility of dispensing with its use.

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[1] *Chron. World Hlth Org.* 1950, **4**, 63

[2] *Chron. World Hlth Org.* 1949, **3**, 292

Diacetylmorphine is considered as one of the derivatives of morphine most likely to result in addiction. Although it is no longer used in 24 countries, it is still used in others. Furthermore, the production of diacetylmorphine continues to increase. Justifiably alarmed by this situation, the Expert Committee on Drugs Liable to Produce Addiction [3] stressed the importance of obtaining detailed information on the reasons for employing this substance in certain countries and, in addition, on the possibility of abandoning its use. In point of fact, there are other morphine derivatives, as well as new synthetic products, which, since they have properties analogous to those of diacetylmorphine, may induce doctors to cease using this substance.

Dr H. Fischer, Professor of Pharmacology at the University of Zürich, Switzerland, and member of the Permanent Central Opium Board and of the Drug Supervisory Body, has come to the following conclusions :

> " If one takes into consideration the harm brought about in the world by diacetylmorphine since its appearance, and the thousands of heroin addicts who have fallen victims to the drug, the disappearance of diacetylmorhpine from world markets could only be considered as a boon and a step in the right direction . . .
>
> " In order to attain the required goal—the complete abolition of heroin—a scientifically and psychologically planned propaganda campaign should be inaugurated to convince doctors and governments the world over that the complete abolition of diacetylmorphine is an urgent necessity in the struggle to curtail the use of drugs which are a menace to public health." [4]

Danger of Indiscriminate Use of Streptomycin

The Executive Board, at its fifth session, held in Geneva from 16 January to 2 February 1950, invited the Director-General of WHO to draw the attention of governments to the inadvisability of unrestricted distribution and indiscriminate use of streptomycin. The following reasons were given :

1. In spite of reduced toxicity of new forms of streptomycin, the drug must still be considered dangerous.
2. Precise knowledge as to its clinical indications, especially in pulmonary tuberculosis, is still lacking.
3. The attention of the public may be focused on this drug to a degree out of all proportion to its value in the total campaign against tuberculosis.

Second Seminar on World Health

The success of the first " Seminar on World Health ", organized by the World Federation of United Nations Associations (WFUNA) and held during the Second World Health Assembly,[5] has prompted the planning of a similar gathering to be held in Geneva from 8 to 19 May, i.e., during the Third World Health Assembly.

Participants will be selected through national and student associations affiliated with the WFUNA. Twenty-seven medical students and young doctors from nine different countries attended last year's seminar.

Although WHO will not be associated officially with the seminar, the Organization is giving it full co-operation and moral support and is urging governments to do so as well.

Additional information concerning the seminar may be obtained from the World Federation of United Nations Associations, Education Commission, UNESCO House, 19 Avenue Kléber, Paris 16e.

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[3] See *Chron. World Hlth Org.* 1949, 3, 29 ; 1950, 4, 76.

[4] *Off. Rec. World Hlth Org.* 19, 33

[5] *Chron. World Hlth Org.* 1949, 3, 268

Two Applications for Admission to WHO

The governments of the Republics of Indonesia and of Viet Nam have applied for membership in WHO and their applications will be considered by the Third World Health Assembly. According to the WHO Constitution, States which do not belong to the United Nations may be admitted as WHO Members by a simple majority of the Health Assembly.

Associate Membership Requested for Southern Rhodesia

The United Kingdom has requested Associate Membership in WHO on behalf of Southern Rhodesia. This request, the first of its kind to be received by the Organization, will be examined by the Third World Health Assembly.

WHO is the only United Nations agency which grants Associate Membership to territories not responsible for the conduct of their international relations. According to the WHO Constitution, admission is granted by a simple majority decision of the Assembly. The rights and obligations of Associate Members in WHO regional organizations were defined last year by the Second World Health Assembly. Associate Members can participate in Assembly and Regional Committee meetings ; delegates must be technically qualified and chosen from the native population.

Views on WHO

Influenza Epidemic of the Winter of 1948/49

In a lecture given in Lausanne, summarized in a recent number of the *Journal suisse de Pharmacie*, Zürich (1950, **88**, 69), Dr G. Weisflog gives some information regarding the influenza epidemic of the winter of 1948/49 and stresses the importance of the activities of WHO in this field :

" The classic strains of influenza virus, of the antigen A type, are PR_8, FM_1 and Weiss. The best known in the B group is the LEE strain. It is recognized as a certainty that only the vaccine specific for any particular strain is effective against it. Only a rapid identification at the beginning of the epidemic makes it possible to produce the specific vaccine in sufficient time. In 1948 the World Health Organization set up an influenza centre in London and submitted to its Member States a project for collaboration in this field. The example furnished by last winter's epidemic is very instructive.

" In mid-December 1948, a widespread influenza epidemic raged in the south of Italy. In 30 days the epidemic reached our frontier. From 5 December 1948 to 5 March 1949, 8,142 cases were reported in Switzerland. In 25% of the cases, infection by the FM_1 strain was clearly established. An increase in antibodies due to infection with the LEE virus was observed in only one patient. Thus our results, which were obtained indirectly, agreed with those of other workers, who had isolated the FM_1 virus.

" The following conclusions can be drawn from the foregoing : the project for setting up observation stations suggested by the World Health Organization can be of very great service ; a laboratory for research on influenza necessitates extensive preparations ; the supply of fertilized eggs and the provision of an incubator satisfying all requirements should be ensured ; hospitals and physicians should be required to take samples of both the early and the late sera as well as of the garglings of the *first* patients

to whom they give treatment ; it is absolutely useless to vaccinate on the basis of the PR_8 strain if the epidemic is caused by the FM_1 strain." *

Politics in International Health Work

Dr E. S. Rogers, Dean, School of Public Health, University of California, Berkeley, discusses the political implications of international health work, with particular reference to the Second World Health Assembly (at which he was a delegate), in an article published in the *Journal of American Dietetic Association*, Baltimore, Md., (1950, **26**, 15).

" Those of us who are career people in public health like to believe that our work is largely removed from political considerations and that there is within the brotherhood of medical science and public health an underlying current of common objectives and friendliness that tends to minimize international differences. Nevertheless, it would be quite unrealistic to perpetuate the illusion that matters of international health are any longer capable of being isolated from international politics. One cannot truly promote international health, for example, without the free exchange of information between nations. This cannot be accomplished fully without free exchange of persons between nations. Similarly, matters of world health cannot be solved without the use of materials and supplies. These in turn cannot be procured or distributed through mechanisms that are independent of the problems of international trade and world economics.

" Our meetings, therefore, were by no means devoid of outbursts of a political nature as the representatives of nations jockeyed in open forum, in committees, or in conversations in attempts to reach understanding and to obtain support for those things which they believed to be desirable. Sometimes these conflicts surged to a considerable degree of heat, and accusations quite foreign to the problems of public health were hurled from the rostrum. I am gratified to say, however, that in general the problems we encountered proved capable of rational resolution."

Elimination of Plague

In an editorial of the 18 February 1950 issue of the *Medical Officer*, London (1950, **83**, 63), some interesting comments are offered concerning an article published in the *Chronicle* [1] in which it was stated that " in the present state of knowledge, it is not possible to envisage the immediate worldwide elimination of plague, since that would require eradication of infection in wild rodents over vast areas ".

" It is uncertain ", states the editorial in the *Medical Officer*, " to what extent wild rodents are concerned in the spread of plague . . . Man generally has little intimate contact with wild rodents, but some of them are used for food, chiefly hares and rabbits, which are known to be subject to infection with *Pasteurella pestis*. Control of hares is considered very important in the southern half of Africa where small local epidemics of plague are reputed from time to time. Others of the wild rodents are also known to harbour plague. These, though they might not infect man directly, might do so indirectly by spreading the parasite to domestic rodents, rats and mice. Destruction of rats is the main element in suppressing plague ; where this is carried out vigorously plague does not occur, and in places where epidemics of plague spring up, a vigorous anti-rat campaign soon brings an epidemic to an end. Outside the great endemic areas of Eastern Asia, plague occurs mainly in ports, as we should expect, but it has cropped up in various parts of Africa where it seems unlikely that it could have been introduced by rats infected in Asia. So there is much evidence to suspect native rodents, though also to believe that native rodent-spread plague is mild, infrequent and of low infectivity to man. It may therefore be that 'eradication o infection in wild rodents' which at presen is impossible may be proved not to b absolutely necessary."

* Translated from the French.

[1] *Chron. World Hlth Org.* 1949, 3, 269

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14. Expert Committee on Venereal Infections : report of the Subcommittee on Serology and Laboratory Aspects	
15. Venereal-disease control in the USA : report of the WHO Syphilis Study Commission	
16. Joint FAO/WHO Expert Committee on Nutrition	
17. Joint OIHP/WHO Study-Group on African Schistosomiasis : report on the first session	
18. Joint OIHP/WHO Study-Group on Cholera : report on the third session	
19. Yellow-Fever Panel : report on the first session	
20. Expert Committee on International Epidemiology and Quarantine : report on the second session	
21. Expert Committee on Drugs Liable to Produce Addiction : report on the second session	9d $0.10